

# Personal Care Services Orientation Outline

*Drafted in 1998 by members of the Partnership Training Subcommittee (including one member of the Quality Research Team), this outline includes recommended training/orientation areas for personal care services in integrated care programs. It was designed to supplement already established training programs at Partnership sites, highlighting many of the quality care issues identified by consumers and health and long term care providers.*

Sarah Esmond  
University of Wisconsin-Madison  
School of Nursing

**For more information about this report or the Quality Research, please  
call: 608-263-5299**

**WPP Orientation Outline  
for  
Personal Care Services  
As of June 17, 1999**

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**Background**

This Personal Care Services outline was developed by members of the Partnership Training Subcommittee (Esmond, Griffin, Mirk) for review by the Partnership Training Steering Committee. This outline includes recommended training/orientation areas for Partnership personal care services training/orientation.

These recommendations are intended to supplement personal care training/orientation programs that have already been developed at individual WPP sites.

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**Who is the Outline For?:** This outline covers specific training areas for personal care workers/daily living assistance employed in the WPP. It is intended for use by staff in charge of developing and conducting personal care staff training's/orientations.

It might also be helpful to have personal care schedulers participate in portions of this training outline, as schedulers often play an important role in matching personal care staff to Members, and relaying important information between the home, the PCW/DLA and the Interdisciplinary Team (IDT members).

**Who should conduct the training?** It is our understanding that most, if not all, WPP sites have specific staff designated for hiring, orienting, training, and evaluating personal care staff. We suggest that this staff, along with interested, experienced personal care workers, conduct the training of new personal care staff.

We also suggest, for sections **IV-VI**, that interested, experienced team members be recruited to assist in these training areas.

On-going mentoring for all new personal care staff is also recommended (see Lynn Polacek's recommendations on Precepting and Precepting responsibilities).

**Where should this training take place:** This outline is recommended for use primarily on-site. Other members of the subcommittee (Linda R. and Alice M.) are inquiring about how sections **I** and **II** could be designed for a video format and used more generally across Partnership programs or by organizations interested in learning more about the Partnership program.

Some of the personal care basic skills outlined in section **III** may be available for viewing on videotape, but each requires one-on-one demonstration afterwards.

**When should this training take place:** Partnership sites establish personal care staff training schedules based upon hiring schedules, growing/diminishing case loads,

acuity of population being served, etc.. It is recommended that sites survey current personal care staff for input about training needs in particular aspects of personal care work.

Aspects of this training outline could be incorporated into WPP orientations or retreats. This would also provide an opportunity for personal care trainers to come together as a group to address and explore their work, their successes/failures, exchange new ideas for doing things and problemsolve.

## Personal Care Training Outline

### I. Human resources

Rules/regulations (OSHA, sexual harassment, discrimination..) Dress code  
Timesheets\*

Emergency overtime—"Is that allowed?"/under what conditions

**\*this should include discussion about whether or not personal care staff timesheets are used to record (daily) Member information, how that should be recorded, how it will be used, who will use it, and how feedback to personal care staff will be coordinated.**

### II. Partnership Mission/Vision

- Wisconsin Partnership Program Mission and Vision
  - WI Long Term Care history overview (Community Options Program, Partnership...)
  - WPP as part of national long-term managed care initiative, research/demonstration and becoming permanent program
- Mission/vision of WPP organization (site specific)
  - this should be revisited throughout training and staff should be able to explain how the WPP mission is reflected in the WPP organizations they are a part of...
- WPP Integrated Model
  - IDT Members and Interdisciplinary practice (Member, RN, NP, SW/SSC, PCW/DLA)
  - Community based program: how this setting differs from others
  - Consumer-centered care: as part of WPP Mission, what this means, the role of the PCW/DLA in relation to providing this
- Other WPP sites in Wisconsin
  - different populations being served at each site
  - how teams look different at each site and why
- Organizational charts
  - of site – chain of command, staff names/positions
  - of state WPP offices: DHFS, CDSO

**Purpose:** to provide a sense of belonging for the personal care staff. PC staff often work in isolated settings, and don't see colleagues on a regular basis. Providing some context for the

program, and state setting, encourages feeling a part of a team and belonging to the project as a whole.

### III. PCW/DLA Competencies and Skills

- Basic and Advanced Skill Areas [See Attach. #1] :These skills include both interpersonal/communication skills and specific task oriented skills. Each of these skill areas needs to be stressed equally. For both skill areas, it is recommended that organizations provide structured role-play activities wherever possible, and encourage staff to participate and ask questions

- Common Terms to Review:

Acute care	Assisted Living
Assistive technology	Accessibility (physical)
Care coordination	Case management
Collaboration	
Community based organizations	
Confidentiality	Consumer
Consumer-centered care/Consumer-directed care	
Consumer choice	
Chronically ill	Daily living plan
Disability	Grievance and appeals
Housekeeping	Independent Living Center
Individualized service plan	Informal support
Interdisciplinary Team	Integrated care
Long-term care	Nursing Home
Nursing practice (NP/RN/LPN)	
Personal care	Primary care
Provider (different types)	Risk (dignity of risk)
Quality of Life	Social Work practice
Team decisionmaking	

**Expectation:** PCW/DLA should be familiar with these terms and be able to discuss them in a way that reflects understanding about the organization and it's mission, population/s they will serve, their role, etc..

- PRIOR to PCW/DLA meeting Member: (1) Competencies (both interpersonal and task oriented skills) should be reviewed and assessed, and (2) The IDT should review the following with the PCW/DLA (on each Member the PCW/DLA will work with):
  - a. The Member's personal and professional lifetime achievements\*

- b. The Member's preferences regarding the organization and delivery of services\*

**\*Note:** Any Member information that is shared with new staff should follow the organization's established confidentiality guidelines. Team members should always receive permission from the Member prior to sharing information with a new PCW/DLA. The Member should be informed about the sharing of information among team members and the purpose it serves.

Also, *prior to meeting the Member*, the PCW/DLA should review the Member's current Individualized Service Plan (ISP) and Daily Living Plan (DLP) *with the IDT*.

**Expectation:** that PCW/DLA will become familiar with the Member information and will use this to know and appreciate the Member beyond the diagnosis/condition/illness (the frailties of the moment can mask a lifetime of achievement.....-A. Mirk)

**Expectation:** : the PCW/DLA will be familiar with all of the services (both WPP and other) that are important in the Members life (transportation, meals, on-line/Internet connections, etc).

**Expectation:** the PCW/DLA will be familiar with all of the members of the IDT and the general roles and responsibilities of each in relation to the particular Member

#### IV. Role of the Other IDT members

[Have other team members/disciplines present this information, if possible]

- Role of: RN, SW/SSC, NP, Member
  - presentation by IDT members of their 'typical day'
  - differences between multidisciplinary practice (parallel) versus interdisciplinary practice (integrated)

## V. Role of PCW/DLA

- Supervision
  - review who does the PCW/DLA report what information to and how/when is this done?
  - review supervision by RN on team
  - review the role of the Scheduler
- Information Sharing between PCW/DLA and IDT
  - In Team Meetings: [See **Attach. #2**] This attachment provides a series of questions that the PCW/DLA should be able to respond to or inform the team about.

**Expectation:** PCW/DLA should attend at least one team meeting per month and should present on information included in Attachment 2.
  - Outside of Team Meetings: Review who the PCW/DLA reports what information to and how/when is this done?
  - Shared Responsibilities: PCW/DLAs who are serving the same Member should meet together with IDT to clarify/review roles/responsibilities of each

## VI. Job Expectations (use case studies as much as possible for interactive benefit)

- The Member and PCW/DLA Relationship

The PCW/DLA often has a central, intimate role in observing and discussing with Member's what is most important to them in their lives, whether/how services are working or not working, and what might work better. Sharing of this information is only possible if the PCW/DLA and the Member feel respect from/for the other and are able to build a trusting relationship. New staff may need support and direction about how to initiate conversations with the Members that they provide services for. **Attach. 3** includes suggested questions that personal care staff might find useful as they meet with the Members that they will be working with for the first time.

**Purpose:** To provide structure for and encourage the PCW/DLA to ask Members about their experiences in the program. To establish an

understanding with the Member about the PCW/DLAs role in the Daily Plan and in relation to the team

- Home-based care (i.e., What the PCW/DLA can/can't do in the Member's home?)
  - respect for Member privacy
  - no smoking
  - leaving things as they were when I came
  - the Member's home isn't available for child care
  - use of phone must be negotiated with the Member
- Documentation requirements in the home
  - documentation expectations (how to document, what to document, how often) around the Daily Living Plan should be reviewed with the team
- Evaluations (How the organization figures out how they are doing and how the PCW/DLA thinks they are doing) [**see Attach. 4**]
  - PCW/DLA self evaluation
  - Member evaluation of PCW/DLA and relationship
  - IDT evaluation of PCW/DLA
  - peer evaluation (PCW/DLA's evaluate those they work with)



### **ATTACHMENTS**

**[Attach. 1] PCW/DLA Basic and Advanced Skill Areas**  
(adapted from WPP Protocol draft)

**[Attach. 2] Recommended PCW/DLA Information to be Used in IDT Meetings**  
(Bowers/Esmond)

**[Attach. 3] PCW/DLA/Member Communication**  
Adapted from Mirk Life Review

**[Attach. 4] Recommended PCW/DLA Evaluation Areas**  
(Bowers/Esmond)

### **OTHER ORGANIZATIONAL LEVEL PCW/DLA QUALITY MATERIALS**

**[Attach. 5] Quality Indicators for Home Care and Personal Care Workers**  
(Mirk/Christianson)

**[Attach. 6] WPP Quality Research:**

**5a - WPP Model QI Review -Personal Care**

**5b – WPP Member Evaluations: Personal Care Services**

(Bowers/Esmond/Lutz)

**Attachment #1:**  
**PCW/DLA Basic and Advanced Skill Areas Checklist**

**Basic Skills**

**I. Interpersonal Skills/Communication Skills:**

In this outline, we attempted to highlight some of the common skill areas that personal care staff often feel unprepared in. You will notice that “reporting” and “documenting” (what information, to who, when and how) is stressed throughout and repeatedly. Personal care staff must be thoroughly prepared for the work that they are expected to do. They need to know how to get assistance and who to contact for assistance when they need it. They also need to know what information they are expected to share with the team, in what format, and how.

One of the most common reasons personal care staff burn-out and leave the profession is because they feel isolated, alone and unsupported in their work. One way to encourage PCW/DLA staff that they are supported in their work is to demonstrate how other professionals are available to assist them when they need it. Also, it should be stressed to PCW/DLAs that in order for the team to function effectively, in a consumer-centered manner, they need access to the unique information about Member’s that only personal care staff are knowledgeable about.

Communication skills are required for this work. PCW/DLAs who need assistance with communication skills should be identified by training staff and assisted on an ongoing basis.

**A. Home Based Care**

What does it mean for a Member to not be able to have privacy or to have only limited privacy (because of need for assistance)? Discuss dignity, Member choice, preferences...

**B. Confidentiality**

Agency protocol, RESPECT values, code of ethics

**C. Observation & reporting**

Domestic abuse, AODA, change of condition

**D. Documentation**

- In the home
- on the daily living plan
- on timesheets
  - how do I document?
  - where do I document?
  - who uses this information?
  - how will I get feedback on this information (I.e., how will I know how/if it's been addressed?)

**E. Familiarity with Member Achievements and Preferences, Daily Living Plan AND Individual Service Plan**

**F. Member Sexuality** (Don't assume that just because an individual is elderly, frail, chronically ill or disabled, they're not a sexual being)

-Discuss how to respond to Member requests to discuss sexuality/needs/desires; Discuss how to connect Members to appropriate social activities, etc.; who the PCW/DLA should go to for support if they need it.

-Identify and discuss difference between sexual harassment and unwanted advances and somebody reaching out/asking for help; sensitive nature of this topic; how to report each and to who to report to

-Discuss how PCW/DLA should identify and respond to inappropriate sexual behaviors and/or statements; who to report this to, who can provide support to the aide and how to keep the IDT informed of what's going on

**G. Attitudes about Disabilities**

-Present and discuss the ADA legislation: What was it designed to do, who was it designed to protect? What does it mean for individuals with disabilities?

-Explore with aides their attitudes about disability and chronic illness (this could include an exercise where each aide "experiences" a disability/condition by being assigned a particular condition and having to "keep it" during an entire training session; ask aides to use/handle assistive technologies, wheelchairs, walkers, braces, bowel regime equipment, etc..)

-Discuss different types of disabilities/conditions. Ask (experienced) IDT member to speak to aides about the sorts of things they're likely to encounter when caring for someone with a particular kind of disability in

their home (the common needs an individual may have; other services they may use, [transportation, meals, communication technology, etc]

**H. Compatibility between PCW/DLA and Member**

Evaluations should be completed by both the Member and the aide 6 weeks post match and periodically afterwards. (see Attach. 2)

**I. Difference between Clinical Diagnosis/Management and Assisting the Member Manage in their Home**

Identify and discuss what health and long term care providers typically do to treat/manage a particular disability or condition and the expectation for the PCW/DLA in a particular management plan. (This is to only make staff familiar with particular conditions and typical care plans – stress how ALL care plans must be individualized to the person...)

Prepare PCW/DLA staff for the likely possibility that Member's may direct them to do things differently than they were trained – make explicit what's okay to be flexible about/negotiate around with the Member and what's not; how to respond if Member makes an inappropriate request and how to work with the team when assistance is needed

**J. General Problem-solving**

Possible discussion areas:

- What do you do if there are conflicts with other PCW/DLA's who serve the same Member that you do?
- Where are the boundaries between being the Member's friend/confidant and the organizations expectations?
- Who do you contact (and how) in an emergency?
- What do you do if the Member's family wants you to do something that the Member doesn't want to do? (sorting out loyalties)
- What do you do if the Member/Family is shouting at you or is violent/threatening towards you?
- What are some examples of "inappropriate suggestions" a Members or Family may make and how should PCW/DLA respond?
- Who do I report to—how do I keep the team up to date on what's going on? How do I get feedback from the team?
- What do I do if I have an emergency and have to leave the Member's home before my shift is over?

**K. Critical Common Courtesies**

- honesty
- reliability
- being on time to work
- always calling when unavoidably late

**Expectation:** PCW/DLA must be aware of and appreciate the important role they have in the Member's life. Some Member's day's do not begin until the PCW/DLA arrives. Late arrivals or no-shows can affect the Member and caregiver quality of life. It can influence the Member's energy level and opportunity for spontaneity. Stress how PCW/DLA often fits into Members' daily schedule (their arrival/or no show affects other appointments, other services being delivered, etc)  
--recognizing and honoring Member's personal preferences for care  
--knowing your limits/when to call for help

**II. Infection Control**

Universal precautions

- Basic principles of infection control
- Handwashing
- Protection equipment guidelines

**III. Safety**

Exits	Evacuation	Fire	Member emergency
Home safety	Employee safety	Incident report	

**IV. Body Mechanics (Ergonomics)**

Basic principles

**V. Housekeeping**

Bedmaking	Cleaning	Laundry	Household Appliances
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(Aides should be encouraged to ask Member if these things need to be done in a particular way)

**VI. Positioning in Bed**

Turning in bed	Positioning in bed; skin care	Bathing in bed
Making an occupied bed		

(Aides should be encouraged to ask Member if these things need to be done in a particular way)

**VII. Nutrition**

Food preparation, e.g., special diets

Feeding      Heimlich maneuver      Adaptive equipment

**VIII. Elimination**

Peri Care      Toileting – bedpan, urinal, commode      Care of urinary catheter

Incontinence – bowel and bladder

(Aides should be encouraged to ask Member if these things need to be done in a particular way)

**IX. Hygiene**

Bathing      Skin care (Prevention of breakdown; Observation)

Oral care      Nail care – foot and hand      Hair and scalp care      Shaving      Care of

hearing aids      Eye care      Care of glasses

(Aides should be encouraged to ask Member if these things need to be done in a particular way)

**X. Dressing/Undressing**

Partial assist      Total assist      Ted Stockings

(Aides should be encouraged to ask Member if these things need to be done in a particular way)

**XI. Transfer**

Transfer techniques      Hoyer lift      Slide board      Gait belt

**XII. Ambulation**

Assist with ambulation      Assist with cane, crutches, walker

Assist with wheelchair,      Assist with stairs

Assist with any assistive technologies the Member uses (ask Member for directions)

**XIII. Range of Motion (ROM)**

Neck      Shoulder/ elbow      Wrist/ finger/ thumb      Hip and knee      Ankle/ toes

**XIV. Medications**

Assist with predispensed oral medications and suppositories

**XV. Care of Equipment**

Walkers      Wheelchairs      Commodes      Crutches  
Hoyer lift      Beds      Side Rails      Other assistive technology

(Aides should be encouraged to ask Member if these things need to be done in a particular way)

## **Advanced Skills**

**Definition:** Advanced skills are any skills beyond the PCW/ DLA basic skills.

**Policy:** The PCW/DLA will be competent to perform advanced skills prior to assignment. *Performance of PCW/DLA advanced skills is considered a delegated act by a professional nurse and is subject to N. 6 of the Wisconsin Statutes and Administration Code Related to the Practice of Nursing (the Nurse Practice Act).* Performance of any advanced skill will occur only if identified in the PCW/ DLA care plan.

**Procedure:** Advanced skill needs for a Member will be identified by an RN assessment. Once the need has been identified, the RN will teach the PCW/ DLA the necessary skills. Satisfactory performance of these skills must be shown prior to assignment, documented in the PCW/ DLA employee file, and documented in the Member record. The RN will be responsible for supervising these delegated activities. Reassessment will be performed annually or more frequently based on the RNs professional judgment.

<b>Advanced Skills include</b>	
I.	Ostomy Care
II.	Dealing with Autonomic Dysreflexia
III.	Vital Signs
IV.	Spasticity
V.	Wound Care
	Specify Type
VI.	Glucose Monitoring(Blood Sugar?)
VII.	Medications Insulin Administration Eye and Ear Drops Topicals
VII.	Bowel Regime (Ask Member if this needs to be done in a particular way)
IX.	Tube Feedings

## **Attachment #2**

What are the most important quality of life issues for this Member?

What can I, as the personal care worker/daily living assistant, contribute to this Members' quality of life?

Does the ISP appear to match the needs of the Member? (Explain)

What should be added, deleted, or changed to make the ISP more effective?

What interferes with carrying out the ISP?

What is the Member most concerned about? Afraid of?

Are those issues being addressed effectively?

What should other providers know about the outcomes, or the impact of the care/services that they provide?

What are my (PCW/DLA) goals for this Member?

Are these goals shared with the Member? With other team members?

Where are there gaps in care?

What is not working well? What is working particularly well?

What is the Member confused about or not following through with?

What information do you need from other team members to make your job easier?

**General Member Condition:** Have there been any recent changes in;

- 1) behavior \_\_\_\_\_
- 2) mental alertness \_\_\_\_\_
- 3) general appearance \_\_\_\_\_
- 4) mood \_\_\_\_\_
- 5) skin \_\_\_\_\_
- 6) movement/ambulation/agility/strength \_\_\_\_\_
- 7) family problems \_\_\_\_\_
- 8) other \_\_\_\_\_

Have these changes been shared with the IDT?



### Attachment 3: PCW/DLA/Member Communication

#### **Suggested Questions PCW/DLA Could Ask Member To Initiate Conversation/Gather Information/Build a Relationship**

( **Note:** *THE PCW/DLA SHOULD ALREADY HAVE REVIEWED THE MEMBER'S ISP AND DAILY LIVING PLAN WITH THE TEAM. THE PCW/DLA SHOULD ALSO ALREADY HAVE SOME BIOGRAPHICAL/HISTORICAL INFORMATION ABOUT THE MEMBER*)

I've been given some information about you from my teammates – can we talk a little about that? Is there anything you would like me to know about you?  
Is there anything you would like to ask me about? About myself, about the program? If I can't answer your questions, I know who I can go to for the information you need.

Let's review the daily plan that has been designed for you and I. Is there anything about it that you have questions or concerns about?

(If continuing plan) Does this plan seem to be working well for you? If not, what do you think would make it work better? Can I share that with my teammates? If not....(see below)

(If new plan) This is a new/revised plan – Do you think this plan is going to work all right? If not, what are your concerns? May I share that information with the team? If not...(see below)

I think you and I should plan to sit down and talk about how this is going after a couple/few weeks. Is that all right with you?

Is there anything you miss in your life that used to be there?

Is there anything you would like to change about your life right now?

How do you most like to spend a day now?

What are some of your favorite things to do.

Do you still do some of these things?

If not, would you like to?

**TRAINER:** PCW/DLA needs to be able to tell member what he/she can/can't do as the PCW/DLA....must be able to stress to member that he/she is part of team. Must be able to encourage member to share information without jeopardizing confidentiality or making member feel uncomfortable....role playing in situations like this are strongly recommended

**Attachment #4**  
**Recommended PCW/DLA Evaluation Areas**  
*To be Completed by PCW/DLA after 4-6 weeks employment and periodically afterwards (biannually?)*

**SPECIFIC TO YOUR WORK:**

Do you generally enjoy your work?

Do you feel adequately prepared for your work?

Do you feel that you are generally treated with respect by:

Supervisors?  
Other staff?  
Member?  
Scheduler?  
Family of Member?  
Other providers?

**SPECIFIC TO (EACH) MEMBER YOU SERVE:**

Do you have adequate opportunity to participate in:

Developing the ISP for the Member you work with?

Evaluating the effectiveness of the ISP?

Altering the ISP as needed?

How would you rate the communication between yourself and the Member you serve?

What medications and treatments are crucial for this Member (you need to notify someone if not taken/completed)?\_\_\_\_\_

-what is the health impact if not taken?  
-what is the behavior impact if not taken

Physical safety

-what needs to be checked on immediately upon your arrival?

How would you rate the communication between yourself and the other PCW/DLAs working with this Member?

### **SPECIFIC TO THE TEAM**

How would you rate the effectiveness of communication between yourself and the other IDT members?

Is your input to the IDT

- 1) listened to?
- 2) acted on?

### **SPECIFIC TO THE ORGANIZATION**

How responsive is the organization to your need for:

- backup
- assistance in problem-solving
- information necessary to provide good care
- skills necessary to carry out your work
- information about how the program works
- help with urgent problems
- particular scheduling preferences, if applicable
- feedback on how you are doing in your work
- technical support (equipment) necessary to carry out your work

Are there any specific training needs or other needs you would like the organization to address – these could be future training, in-services on special topics, etc....

Do you have any other comments to share?

Document (Excel spreadsheet) available from Alice Mirk, Wisconsin Department of  
Health and Family Services, Center for Delivery Systems Development

## **Attachment #6a – WPP Model QI Review: Personal Care**

### **A. Introduction/History**

Attached is the Model Quality Improvement (QI) Review on Personal Care Services. It is designed to assist Partnership organizations serving frail, chronically ill populations to identify priorities for quality improvement studies related to personal care services.

This Model QI Review was designed to be a guideline for the development of internal, ongoing quality systems. The purpose of the review is to provide information to health care providers and organizations about aspects of personal care (system level and direct service level) identified by experts and consumers as important to quality of care and quality of life. The quality improvement review should assist organizations and providers in improving the quality and design of existing care delivery systems.

The Model QI Reviews is based on research involving in-depth interviews with consumers and providers in order to gain a better understanding of how each of these groups view quality. The QI review integrates the perspectives of these two groups. Other guiding principles include:

- All Members, providers, and staff should be knowledgeable about the mission of the Partnership agency and strategies designed to accomplish the mission and goals.
- Member involvement (or an Member's designated proxy or proxies when the Member is unable to participate or wishes proxy involved) in decisionmaking about their care wherever possible, to the greatest extent possible, is crucial. Member ability to participate may change over time and setting and should be not be viewed as permanent
- Member preferences, priorities, and perspective can be integrated with long term care and acute care standards of practice
- High quality, patient-centered care requires organizational systems designed to promote these goals
- Long-term care for frail, chronically ill and physically disabled individuals must be provided within a system that maximizes integration, smooth transition and follow through of care.
- The Partnership agency must be responsible for assuring that subcontractors are knowledgeable about the mission and goals of the program and have mechanisms needed to meet the standards of care set by the Partnership Program.

- All Members, staff and providers (including subcontracting agency staff), and family members should be involved in planning, implementation, and evaluation of Partnership agency services.

### **B. How To Read The QI Review Outline**

The Model QI Review contains comprehensive information. The review should be viewed as a guideline for how a Partnership system of integrated care will eventually look. To conduct an initial QI review, the Partnership organization should select those items (1.-12.) most relevant to the personal care services they're providing and the goals they're trying to accomplish. No organization is expected to explore every indicator for the selected QI review.

If an organization selects a QI review for which they clearly have no system in place, then the first review should focus on identifying the important components and designing the system to allow them to complete the review.

### **C. How to Use QI Review Outlines**

**Step 1:**Carefully read the **Assumptions**. Remember, these are based on extensive interviews with consumer and providers.

**Step 2:**The **Target Population** usually includes 'All Members'. This does not mean that all Members must be reviewed. It means Partnership organizations must select, preferably at random, a preselected number of Members in their program. If there is no system for randomly selecting Members for study, one should be developed as part of the current year QI review.

**Step 3:**Carefully read the **Goal of Review**. It is important to understand why you are conducting the review and what is expected to be learned from the review.

**I. If you discover you have no system in place to conduct the review**, then the current year goal will be to identify the necessary elements and design a system that will allow you to conduct the review. This will require the selection or development of data sheets to conduct chart reviews, interviews, reviews of organization policies/procedures/provider competencies, etc... You may also discover that your medical records system will not allow you to retrieve the information you need. In this case, one of your goals for the current year will be to develop a medical records system that allows you to retrieve the data needed.

**II. If you discover there is a system in place related to the QI Review topic**, review the **Quality Indicators** provided (1.-12.). If these indicators are reflected

in the current system, select 3-5 indicators for review. If these indicators are not reflected in the current organizational system, the goal for the current year will be to adapt the system to include the quality indicators identified.

**Step 4:** Review the **Sources of Data** outlined for each QI review area. It is assumed that data collection completed by the organization will utilize these. Other sources of data should be reported as part of the QI review findings.

**Step 5:** Conduct the review.

**Step 6:** Report findings specific to each indicator. Reporting should include, but is not limited to

- Identification of areas where the agency is performing well.
- Identification of areas where the agency needs improvements.
- A plan to address areas where improvements are needed and/or a plan to maintain/enhance areas where the agency is doing well.

**WPP Model QI Review #9**  
**Personal Care Services/Daily Living Assistance Programs**

**Assumptions:**

1. Personal care workers/daily living assistants (PCW/DLAs) play a pivotal role in identifying Member quality of life and affecting the quality of care in multiple settings.
2. PCW/DLAs have important Member information that is not always integrated into team decisionmaking
3. PCW/DLAs must be supported, well informed, and formally integrated into ISP development and care planning, team decisionmaking, and evaluations of the quality of services.

**A. Target Populations:** All Members receiving personal care services and all personal care staff.

**B. Goal of Review:**

- I. To discover whether there is a system in place to ensure high quality of personal care services from both provider and Member perspectives.
- II. To discover whether the system in place is working effectively by showing evidence of the following:
  - 1) PC staff have met agency competency requirements, including in-service orientation requirements, within \_\_\_\_ (# of days) of hire and have been reevaluated as determined by agency
  - 2) Supervision guidelines for PC staff have been implemented and are effective
  - 3) Scheduling procedures have maximized Member choice and consistency in PC staff
  - 4) Adequate backup systems, that minimize disruption to Member schedules, are in place
  - 5) Opportunities for Member/caregiver participation, as appropriate, in PCW/DLA training and evaluation
  - 6) A work environment that provides PCW/DLAs access to assistance from supervisor, or relevant other, while in the Member's home
  - 7) PCW/DLA participation in development of Member ISP and daily living plan
  - 8) Opportunity for PC staff to evaluate agency support, supervision, backup, and training including whether PC staff:
    - feel supported in their work
    - feel well-informed about their role and the work they do
    - have access to supervision as needed
    - feel that their supervisor is responsive



- feel knowledgeable about what information to report to their supervisor/the IDT team
- 9) Opportunity for PC staff to evaluate PCW/Member match
- 10) Opportunity for Member to evaluate relationship with and skill of PC staff
- 11) Conflicts or inconsistencies between preferences of Member and PC staff have been evaluated, addressed and documented in the ISP
- 12) Agency personal care staff turnover rate is under 50%

C. Data Sources. Sources of data include, but are not limited to:

- 1) Chart/ISP review
- 2) Relevant policies and procedures including:
  - competency requirements
  - orientation program
  - in-service training relevant to specific Member/PC staff match
  - supervision guidelines and procedures
  - scheduling procedures
  - back-up system for PC staff
- 3) Personal care staff turnover data
- 4) Interview with Member/caregiver, PC staff, PC supervisors

**Attachment #6b: WPP Member Evaluation: Personal Care**

**WPP Member Evaluation Section #9: Personal Care Services**

**Please circle your response to each statement below:**

1. I am comfortable with the personal care workers who come to my home.  
All of them                      Some of them   None of them
2. I think the personal care workers understand how to provide services the way I prefer.  
All of them\*   \*(go to #4)              Some of them              None of them
3. If I answered Some of them or None of them in #2 , I have discussed this with a Partnership personal care supervisor  
Yes                      No
4. When I have a concern about personal care services, I know who to go to.  
Yes - I know who to go to                      No - I don't know who to go to
5. I feel safe with my personal care workers  
Agree                      Most of the time                      Some of the time                      Never
6. I enjoy my relationship with my personal care workers  
Always                      Most of the time                      Some of the time                      Never
7. I generally have the same worker, or group of workers, in my home  
Always                      Most of the time                      Some of the time                      Never
8. I participate in decisions about what personal care workers do for me.  
Agree                      Disagree                      Unsure
9. I participate in decisions about how the services will be provided.  
Always                      Most of the time                      Some of the time                      Never

10. I participate in decisions about which staff will provide personal care services.

Always                      Most of the time                      Some of the time                      Never

11. I want to participate in selecting the personal care staff who will work with me.

Always                      Most of the time                      Some of the time                      Never

12. Personal care services are scheduled in a way that is convenient for me.

Always                      Most of the time                      Some of the time                      Never

13. Personal care services are provided in a way that doesn't interfere with the things I want to do in my life.

Always                      Most of the time                      Some of the time                      Never

14. I discuss concerns I have about my condition with my personal care worker.

Always                      Some of the time                      Rarely      Never

15. I discuss concerns I have about the services I receive with my personal care worker.

Always                      Some of the time                      Rarely      Never

16. Partnership personal care services are reliable.

Always                      Most of the time                      Some of the time                      Never

17. Partnership personal care services are of high quality.

Agree                      Disagree                      Unsure

18. I have been satisfied with Partnership personal care services.

Agree\*      \*(end of survey)                      Disagree

In particular, I have been dissatisfied with Partnership personal care services when:

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I have discussed this matter with someone on the Partnership staff.

Yes

No

Unsure

Other comments: \_\_\_\_\_

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End. Thank you.